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ABSTRACT

The national and local organization and administration of group day care programs in Denmark are outlined in this report. Financing, basic programs, standards, and staff training in each of the four main child care groups are discussed under the following categories: cretches, kindergartens, afterschool groups, and youth clubs. Although all four age groups are now usually located in the same day care center, the staffing and programming of activities is quite different for each group. Also reported in this paper are the recent investigations of a top level special national study commission on group day care in Denmark which issued four main suggestions: the development of 'age-integrated' day care institutions, parent participation in planning, 24-hour child care units, and the elimination of parental fees in day care institutions. This descriptive survey of group day care in Denmark concludes with a listing of principles that emerge from the Danish experience in day care which are relevant to the U. S. (CS)

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GROUP DAY CARE IN DENMARK

A CENTURY AND A HALF OF EXPERIENCE

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Over 75 years ago, in 1888, a law was passed in Denmark requiring that no one receive a child under 14 years of age in care for pay without first having obtained permission from the government of the local township*. This permission, which was necessary for day care in private homes as well as group centers, was revokable at any time. This law still holds today.

Such a law was the result of Denmark's wish to insure the quality of what then was already a rapidly expanding field--day care. Kindergartens for full day care (from 3 to 7 years of age) had already been in existance in Denmark for 60 years (since 1828); creches (daytime care of children from 0 to 3 years) had been operating for at least 30 years (initiated in the 1850's) and the first afterschool day care center (7 to 14 years of age) had opened in Copenhagen in 1870, 18 years earlier. Day care, private and public, part day and all day, neighborhood and industrial, in private homes and public centers, from birth to 18 years has been in continuous operation ever since. What have the Danes learned from this vast experience and what does Danish day care look like today?

A previous report on Family Guidance** reviewed the overall organization and administration of welfare services in Denmark: " The national government of Denmark is responsible for passing laws outlining the type and scope of services to be offered to the people. The laws also specify how the funding of these programs will be shared. The administrative departments of the national government then 'flesh out' the laws with bulletins which make recommendations with regard to the details of running such programs. The running of the programs themselves, however,

* The Danish word "Kommune" used in the previous two O.C.D. reports has been replaced in this report with "Township".

** "Family Guidance in Denmark, A Program in Preventive Child Care", submitted to O.C.D. in early 1972.

is entirely the responsibility of the local districts or Kommunes." Since passing the 1888 law regarding day care, the Danish legislature has expanded and revised the day care laws from time to time, the last major revision occuring in 1964. The Ministry of Social Affairs is the administrative department which is given responsibility for "fleshing out" the law with regard to day care through policy making, standard setting and general surveillance. The Ministry has an Education Committee which is an advisory and policy-making board and includes members from the health, education, social welfare and legal disciplines. Recommendations from this group are used to guide the writing of regulations and standards for day care by the legislative body of the national government. The Department of Child and Youth Affairs, within the Ministry of Social Affairs, must see that these standards are met through surveillance.

The major part of the direct administration of individual day care programs, however, takes place at the township level. The organization and administration of day care programs in the communities throughout the Township is the job of the lay Child and Youth Committee. (see previous report on Child Advocacy) Any person or group, professional or lay, who feels there is need for more day care or some change in present day care services reports this to the Child and Youth Committee. The Committee is responsible for approving new day care centers and for maintaining surveillance of existing centers. Day care services are heavily subsidized by the State* for both construction of new facilities and ongoing operating costs and all such State funds are funneled through the local Child and Youth Committee. This allows the local Committee to conduct their responsibilities with genuine authority.

Day care programs in Denmark are divided into four main age groups. Infant day care extends from birth to 3 years of age. Almost no babies under three months of age are placed in a day care program, since working mothers are provided by the governmet

* "State" in this report refers to the national government.

with a paid maternity leave which covers at least the first three months of the post-partum period. In practice, most mothers elect to remain at home with their babies until the child reaches six months of age. Infant day care may take place in a private home or in a group care center (cretch). The day care of infants in private family homes will be the subject of a separate, subsequent report. The second age group is kindergarten which includes children from 3 to 7 years of age. Some kindergarten programs are half day but most are whole day and serve as day care. It is compulsory for children from 7 to 14 years of age to attend school. (soon to be raised to 16 years of age) School-children who need day care before or after school attend the "free time" or afterschool programs. The fourth day care age group is the youth clubs for young people from 14 to 18 years of age. While all 4 age groups may be located in the same day care center and mixing of all age groups together is frequently encouraged, the financing, basic programs, standards and staff training are different for each age group and so will be separately described.

The rapid expansion of day care institutions in Denmark since World War Two is felt to be, in large part, the result of the establishment of heavy public subsidy of the construction, operation and maintenance of these institutions. To the present time Denmark has held to the principle of private initiative in building their day care system. While all "recognized" day care institutions (i.e. receive public subsidy--there are a handful of day care institutions which receive no subsidy but must still meet all legal standards) receive the same public subsidy and must meet the same standards of care, two-thirds of cretches, after-school groups and youth clubs and three-fourths of kindergartens are privately operated while the balance are Township operated. Private ownership and operation of day care institutions is not, in almost all cases, through individuals but through non-profit, non-governmental organizations. These organizations are varied, including unions, voluntary organizations, local citizen groups, etc.. During the 19th and first part of the 20th century many day care institutions in Denmark were privately owned by the director of the institution. Such experience showed that this

arrangement inevitably leads to conflict of interest. The director's concern for finances can too easily influence the optimal care of the children. Because of this the Danish law now allows only day care institutions with less than 20 children to be "leader owned" and close surveillance of these institutions rules out the possibility of profit beyond normal salaries. In fact, today in Denmark there are no cretches, 36 kindergartens and 1 afterschool group which are leader owned. The Danes feel strongly that their experience has demonstrated conclusively that quality day care is expensive. All persons interviewed by the authors, at all levels of operation and management, were unanimous in feeling that concern for profit could only compromise the quality of child care.

In general the Twonship itself establishes a day care institution only when the Child and Youth Committee has confirmed the need for another center and no private group can be found to take the initiative. It is interesting to note that Township run day care institutions cost 15% to 20% more than privately operated day care institutions with no apparent differences in the quality of care.

The rapid increase in use of public funds for day care in the past decade is the result, first, of a doubling of the number of institutions. In 1958 there were 1094 day care institutions in Denmark with places for 41, 635 children. By 1969 this had increased to 2053 institutions with 77, 821 places. The increase in public funds was also the result, however, also of rising costs and an increasing percent contribution by public funding for all costs.

The public subsidy for day care occurrs at four levels: initial building costs, property maintainance, operational costs and health costs. The building of new day care facilities has been greatly stimulated by two types of public subsidy. First, it is possible, through a law governing building with public subsidy, to obtain very cheap loans either from private sources or from the State. Secondly, under certain conditions, it is possible for the State to provide 35% of the building costs if the Township will matchwith another 35% leaving only 30% to be

obtained through private means.

Property maintainance of day care institutions, including rent, interest, tax, insurance and maintainance, is subsidized 100% by public funds. The State provides 4/7 of the cost and the Township 3/7 of the cost. The property costs cannot, over a 3 year period, exceed 4½% of the fire insurance estimate of property value unless an older building is used when it cannot exceed 2% annually. In addition, the State has a special sum of money set aside each year for special maintainance costs. If a day care center is approved as needing such special funds, the local Township must match with 3/4 of the State's contribution.

Ongoing operational costs, excluding property costs, are partially subsidized by public funds depending on the type of day care institution. The cretches and kindergartens receive 40% subsidy from the State and 30% subsidy from the local Township. The remaining 30% comes from fees to parents, or in the few industrially located centers, from industry. Gifts and contributions to centers account for less than 1% of operating costs. The afterschool groups and youth clubs receive 45% subsidy from the State and 35% subsidy from the Township leaving 20% to come from parents or other sources. As with property costs, the State also has another special sum set aside each year to help institutions with operating fiscal deficiencies (no local matching required). Apparently most of this money is used for large afterschool groups and youth clubs where it is often difficult to collect the 20% from the youth and their families.

A further special State fund is set aside each year for the purchase of furniture, equipment and small repairs in day care institutions. After approval of request the State will contribute 35% of such costs providing the local Township will match with another 35%.

The costs of the mandated health programs in the cretches and kindergartens are subsidized 100% by the State. This subsidy covers environmental and safety inspections and routine preven-

tive medical and dental checkups of all children (see later).

Danish authorities, to the present time, have felt that, except in unusual circumstances, it is important that the family contribute financially, no matter how small, to the daytime care of their children. The public subsidy described above was established by the Child and Youth Law of 1964. In 1966 the Ministry of Social Affairs set the guidelines for parental contributions. In the case of cretches and kindergartens each center decided on either a fixed common fee or a graduated fee. If a graduated fee scale was used, a basic fee was established and then an added fee of 25% or 50% was used dependant on family size and income. With the advent of State withholding taxes in 1970, all institutions have used a fixed common fee. This fee averages 250 Danish Kroner ($36) per month per child for the cretches and 125 D. Kr. ($18) per month for full day kindergartens.

In the case of afterschool groups and youth clubs there has always been a basic fee for all. This fee averages 60 to 65 D. Kr. ($9) per month per child for afterschool groups and 10 to 12 D. Kr. ($1.50) per month for youth clubs. In addition parents must pay 50% of the cost of hobby materials (clay, wood, etc.) and 100% of the food costs used in these centers.

Any day care institution may change their basic fee but must report the change to the local Child and Youth Committee and to the Ministry of Social Affairs. The Child and Youth Committee or the Ministry of Social Affairs may demand the basic fee to be raised or lowered.

Every day care institution must provide for the possibility of "free places" in which the family pays nothing or perhaps $\frac{1}{4}$ of the basic fee. The local Child and Youth Committee pays for such children using Township funds. To be eligible for a free place the staff of the Child and Youth Committee must find social and/or educational reasons for day care (for ex. the mother must work; the mother is sick; there are difficulties in the rearing of the child) and the family must have an income below a certain level or else have special financial problems. The director of the institution is expected to counsel the family on such placement.

Group Day Care

In order to guard the important relationship of parents and day care workers from problems about money, the Township serves as a fiscal intermediary for all day care institutions, receiving payments from the parents and, in turn, paying the institutions.

Each day care institution must prepare its own accounting report. This is submitted to the local Child and Youth Committee for review. It is also reviewed by a local accountant who is not connected in any way with the Child and Youth Committee or the institution. It is then submitted to the State. The State has computorized the central accounting procedures so that it can fix the tolerance for deviation from the expense norms and select out institutions beyond these limits for closer evaluation. The computor is also used to project future cost estimates for use by the Townships and institutions as well as the State.

Because of the complexities of the subsidizing mechanisms and the differences in living costs and accounting procedures it is not felt by the authors that Danish figures for cost of day care are of much value to the U.S.. For those interested in some general figures the following is submitted. In fiscal year 1968-1969, when there were approximately 200 day care institutions of all types with approximately 75,000 places, the total State subsidy for day care was 185.9 million D. Kr. ($26.5 million) while the Township subsidy was 137.6 million D. Kr. ($19.5 million). In fiscal year 1967-1968 the average operating expense (excluding building costs) per attending child per year was 9650 D. Kr. ($1378) in the cretch and 5310 D. Kr. ($ 760) in the kindergarten.

Before discussing the program activities at the various age levels in group day care, the setting (i.e. facilities) will be described. The first issue in providing day care facilities is the location. Denmark has tried larger centraliged centers, smaller neighborhood centers and industrially located centers. Their experience* has, for a number of reasons, led them to

* The authors have visited day care centers in other European countries such as Finland and Czechoslovakia where the experience regarding location is identical to Denmark's.

definately favor smaller neighborhood centers over industrial or centralized centers. Industrial or centralized centers usually necessitates a long journey by the young child with his mother both in the morning and in the evening. Locating the day care services in the neighborhood rather than centrally or industrially also makes it much more possible to coordinate day care with other child care programs in the neighborhood such as other social services, health services and educational programs. Neighborhood day care also allows the child to associate during the week with the same peers he plays with on weekends and vacation. While conducting observations in industrial day care centers (started before the new policies and not yet disbanded) we were told at every center that mothers do not come to see their children during working hours even if it is a two minute walk. Furthermore, the frequently necessary waiting list for places in the industrially located day care center creates friction between the employer and the employed mother. Factories usually pay the 30% cost which parents normally support and it is said that management is not anxious for their day care centers to continue to operate.

Another issue in providing group day care facilities is whether the four different age groupings should each have their own center or whether a facility should house all different age groups together. For historical reasons each age group originally had its own facility in Denmark. Following a highly successful experiment in which all four age groups were placed together in an older building in Copenhagen, new facilities include all age groups together.

From the above experiences, then, new day care centers being built now are smaller, neighborhood, prefabricated units with a flexible modular design standardized and accepted by the national program. The design of these units was the result of a careful consideration over a period of many years of the elements found to be important in day care. A belief in the value of much outdoor activity has resulted in an indoor-outdoor type of construction. Since it is felt to be beneficial for children of various ages to mix with each other, common play yards have

been designed, even though age-mates do have separate wings, or suites, in each unit. Each child has his own well-marked locker, towel, clothes, bed, and so on. Workers embroider either a little picture symbol on towels and clothing, in the case of infants, or the child's name, when he is old enough to read it. Physical facilities include a changing and meeting room where the parent brings his infant first each morning. Baby carriages may be stored here, diapers changed, heavy outer clothing removed, and , if it is wet or muddy, a mud and drying room nearby is used to rinse and hang up the clothing to dry for the day. A staff member may want to talk over the care of the child with his parent at this time; if so, the meeting room is spacious enough to permit it. Parent-staff conferences are also held in the director's office, which each center contains. Children suspected of developing an illness, or who need temporary removal from the group for social or psychological reasons, are placed in a small isolation-observation room. The suites, housing each age group, include a large room for eating, sleeping and play, and other rooms for toileting, changing and bathing. The size and construction of the furniture and equipment therein varies depending on the needs of the age group served.

The day care center includes a number of safety features: they are built on one level; door hinges have strips of plastic covering the opening; the lower half of the doors consists of shatter-proof glass so that an adult can look to be sure that no baby is on the other side before opening; and water heaters have an attachment which prevents water temperature from rising high enough to burn or scald any child in the building.

When any new day care institution is to be built or an old one modified, the plans must be submitted to the Ministry of Social Affairs for approval before financing can be secured. This State review includes evaluation by: 1) professionals in the day care field to ensure the educational and social needs of the children will be met by the plan,2) engineers who ensure that the regulations with regard to floor space (6 square meters per child in kindergartens and afterschool groups and 10 square meters per child in the cretch) and safety features are met.

They also ensure the plan will not be excessive in cost beyond the need.

Although all four age groups are now usually located in the same day care center, the staffing and programing of activities is quite different for each group and will be discussed below separately. The first group, from 3 months to 3 years (cretch), is cared for in three age sub-groups, each with its own particular staff-child ratio, suite of rooms, furniture and play equipment, and appropriate activities. The emphasis throughout the cretch is on providing for the maximum interaction of the child with all elements of his social (staff and peers) and physical environment. Staff workers who are intimately familiar with each child and his development work constantly and individually with the child, providing affection, language, guidance with peer contacts, assistance with his developmental progress and satisfaction of his physical and emotional needs. Equipment for playing, sitting, standing, locomotion, eating, sleeping and toileting is all designed so as to be on the child's level and readily available to him. Many repeated observations by the authors showed the interaction of the child with the social and physical environment to be maximal. There is no formalized curriculum for systematic cognitive stimulation or skill training (as one finds, for instance, in Czechoslovakia) although certain general routines exist such as bathing, mealtimes, naps and walks.

The amount of individual attention which is possible can be seen by a look at the staff-infant ratio for the youngest subgroup (3 months to 10 months). National standards require a minimum staff-infant ratio (i.e. in attendance at all times) for this age of 1 to 4, with an optimal range during play and eating of 1 to 2. A maximum of ten of these very small babies may occupy a suite and they are cared for by three full-time child nurses who have been specially trained to work with this age group (see later). In addition, each cretch has two more child nurses who circulate from suite to suite and a director and assistant director who are frequently in each suite. The baby, as soon as he can crawl, is put down on the floor. There he finds toys he can creep into, push around, pull and roll.

There are special swings, walkers, floor pillows for propping and infant seats which can be propped or made into swings. There is music to listen to, mobiles to watch and touch and always someone who will talk to him and amuse him.

Individual differences are considered to every extent possible in the daily routine: although the babies may have their solid feedings at around the same time, or nap during the same general period, an infant who seems to need longer naps, for instance, will be put down first, and taken up last. Milk feedings are given on demand and the babies are always held to feed. All foods for the babies are prepared by the central kitchen staff at the day care center; formula for each night's feedings is given to the parents at going-home time, and the parents are told at this time about their child's diet during the day.

A regular feature of the daily life of the infants in all three sub-groups is a nap out-of-doors, regardless of the weather. Special cribs and down-filled comforters equip the infant to survive this training and, although he naps in a room open on one side to any weather, there is a roof over his head to shield him from rain and snow. The Danes state that years of experience have shown them that babies, so exposed, sleep more soundly, have fewer colds and are more vigorous.

The second sub-group in the cretch is for children from 10 to 18 months. The government standard for this sub-group calls for no more than 10 infants in a suite with a staff-child ratio of a minimum of 1 to 5 at all times with an optimal ratio of 1 to 2.5 during play and eating. The suite and furniture for this sub-group is different. There is much open floor space for practicing the new skill of walking; there are different toys to push, pull and manipulate. There is a specially constructed table with attached seats and straps. The infants are served their meals at these tables and begin to feed themselves under the close supervision of the staff. The babys sleep on a cot instead of in a crib; these cots fold out from the wall at nap time and are replaced during play time to provide more floor space. There is a play area just outside where the child is

encouraged to go whenever he wishes. This sub-group is taken for a walk outside the center every day, equipped for the weather in waterproof clothing provided by the center. Toilets are low enough for the child to help himself on and off.

The third sub-group in the cretch is for children from 18 to 36 months. Government regulations require a maximum of 12 children in each suite with a minimum staff-child ratio at all times of 1 to 8 and an optimal ratio of 1 to 4 during eating and play. There are the same fold-out cots in this suite, but tables are not quite as low and the chairs are separate from the table. When the children are not eating, the tables double as play space for games and craft projects. A different set of toys more appropriate for this age group are found, for the most part, stored in open cupboards near the floor where the children have easy access to them. The children are completely self-feeding under supervision and are toilet trained, also under supervision.

Cretches are generally open from 6 AM to 6 PM. In the cretch, the parents provide all of the clothing for their children with the exception of diapers for the younger infants and a warm outer jumpsuit which is worn by the toddlers for outside play and walks. The cretch provides all of the bedding for naps and rest. An attempt is made to have the children move in groups from suite to suite as they grow so that they can establish permanent peer relationships. Although a child changes staff, as he moves from sub-group to sub-group, he is always familiar with the same supervisor and her assistant, who remain the same throughout his stay in the cretch. The frequent floating of staff from group to group, together with the existence of a close staff rapport, is an aid to children in becoming familiar with all staff members.

The infant day care worker in the cretch is called a Child Nurse in Denmark. She or he is not a nurse in our sense of the word, but has a training unique for this job. Child Nurses are recruited from the ranks of students who are finishing their secondary education. Most of these young people are approximately 16 or 17 years of age at this time. They go, then, directly into one of the 14 institutions in Denmark whose sole purpose is to train Child Nurses. A future report will review in detail

the training of these as well as other child care workers. While in the past over 90% of the child nurses have been female, there is now a concerted effort being made to recruit male child nurses; at the present time some of the schools which train these workers may have up to 25% of each class consisting of male students. A career ladder exists for those trained as child nurses. Following specified periods of experience and further training, they may become an assistant director or director of a cretch.

The second main age group in Danish day care is kindergarten, extending from 3 to 7 years of age. Kindergarten is not part of their mandatory schooling and at present approximately ¼ of all eligible children in Denmark attend a part day or full day kindergarten. The large majority of kindergartens are full day remaining open from 6 AM to 6 PM (no child can stay in a cretch or a kindergarten over 9 hours on any given day). The full day kindergartens, then, serve as day care institutions as well as educational institutions and are located in the neighborhood day care center, not in the promary school.

The full time kindergarten, then, is another set of suites in the day care center. Each suite contains a maximum of 20 children. During several hours of each day there is a formalized curriculum presented by a regular kindergarten teacher and her full time assistant. The curriculum is similar to that found in quality nursery schools and kindergartens in the U.S. and includes singing games, circle games, painting and craft projects, story reading and many reading-readiness activities. Supervised field trips to the post office, dairy, and so on, are also a part of the curriculum. During these more formalized hours the staff-child ratio is 1 to 10.

Child nurses provide the more informal care of the children during the rest of the day. All kindergarten children nap for two hours each day. They also go on a daily walk with their nurses. During those hours when they are not napping, eating or having the more formalized kindergarten curriculum, they have free play in their suites or in the play yards. Outdoors they

may mingle with age-mates from other kindergarten suites and with younger and older children too.

The third main age group in Danish day care is the after-school groups of children from 7 to 14 years of age. Recently established facilities for these groups are included in the neighborhood day care institutions and thus are another set of suites to be found in these centers.

Each afterschool group, containing 20 children, has a "homeroom" with 1 director. This homeroom serves as a big free-play room which they decorate and use as they wish. The children are also free to move about the day care center as they wish. They may choose among a number of crafts: there is a woodworking room, a metal shop, a ceramic room, a painting room and so on, each staffed by a specialist who often is a practising craftsman working part-time at the center. The recreation room contains ping pong and pool tables, table games, chairs for lounging and a snack bar. Those interested in cooking may use the kitchen facilities. If there is homework to be done, or if a child prefers just to read or rest in quiet, there is a library-study room at his disposal. They may play in the play-yard with younger and older children as well as children in their own group. They may also visit and/or assist in the kindergarten or cretch if they wish.

The afterschool group is usually available to the children from noon to 10 PM. Each child must report to his director upon arrival and cannot leave the center without the permission of the director. The director is responsible for the whereabouts of each of the children and helps to guide the children in their interests and activities. The directors of the afterschool groups are not child nurses but rather have a special education (see subsequent report) more similar to recreation directors in the U.S.

The fourth main age group in Danish day cafe is the youth clubs for young people from 14 to 18 years of age. There is a

full time director for every 20 young people in the club and the club is open from 3 PM to 10 PM. There is no homeroom for club members and club members do not report to the director but are free to come and go as they please. Teenagers cannot use the club unless they become club members by registering with the day care institution and paying the usual fee (see earlier). Club members have a club room of their own and they usually share all of the craft rooms, recreation rooms, reading-library room and outdoor play areas with the afterschool group.

Club members frequently organize parties, or outings such as movies for their group. A club may fix up a room as a discotheque, etc. These teenagers mingle freely with the younger children at the center as well as with their peers and can sometimes even be seen watching or playing with the babies in the cretch. They are allowed to help in the decision-making process, deciding such things as what should be available at the snack bar, what sort of activities might be instituted and how things might be changed so as to be more to their liking. The youth clubs have a definate carefree, permissive atmosphere. Although they may come and go as they wish, attendance by registered members is not a problem. Keeping former club members (who are now over 18 years) from coming back is a problem.

The club director moves freely among the center and serves as a recreation leader and a personal and group counselor. The club directors, like the afterschool group directors, have had a special education for this work.

All of the activity rooms used by the afterschool group and the youth club are in use during the morning hours by "pensioners", that is, older citizens who live in the same neighborhood and come in for a recreational program designed just for them. The activity rooms are open on weekends both for the older people and the young, to use as they wish.

At the moment, parents wishing to place a child in day care apply to the institution of their choice, normally the one nearest their home. If a place is not available the child's name is

placed on a waiting list. If a parent has a special need for day care, whether it be a lonely (unwed) mother, illness in the family, a handicapped child, etc. they will usually apply to the Township offices (Child and Youth Committee, Family Help agency--see previous reports) rather than the day care institution. This is because nearly all day care institutions have waiting lists (see later) but the Townships have established sets of priorities for day care placement according to need such that any child or family with special need is assured of a place in day care.

Denmark is in the process of changing the system of delivery of social services so that arrangements for all social services are made at one center in each neighborhood. This center, then, houses the Child and Youth Committee staff responsible for that area (see previous report), the family help staff for that area (see previous report) and a central registry for all types of day care available in that neighborhood. Where these centers already exist the family always goes to the center to apply for day care. Here they are screened as to need, priorities are set and referrals made, whether it be group day care, family day care, waiting lists or whatever.

Parent-day care staff interaction is felt to be very important. In the cretch a special point is made to have a staff person chat informally with the parent each day both when the parent leaves the child and when picking up the child. The purpose of these contacts is to discuss the daily activities of the child and coordinate eating, sleeping, etc. between home and cretch. Informal advice to parents is also possible. When deemed necessary, the director of the cretch or one of the staff members has a more formal meeting with the parents to review the child's development and progress.

The same daily contacts between staff and parents and formal staff-parent conferences take place in kindergarten. Every year at least 4 evening meetings are scheduled in every cretch and kindergarten where the full staff meets with all parents for educational presentations and discussions. In the afterschool

groups and youth clubs there is no regular contact between parents and staff unless a problem arises that requires it.

All of the above contacts provide, the Danes feel, important education and support to the family. On the other hand, there is no direct participation of parents in day care institutions in Denmark. If a parent has a complaint about a day care center or wishes to see changes in day care in his community, he must go to the local Child and Youth Committee.

The Township, through the Child and Youth Committee, and also through all agencies and individuals in the community who work with children, attempts to coordinate day care services with other child care services. The need for day care services for a given family can be suggested by a visiting health nurse (see subsequent report), a family helper (see previous report), or many others. Information concerning a child already in day care can be given to the day care staff by any of these same child care workers. The day care staff works closely with many other professionals. The infant health visiting nurse visits the infant in the day care center (as well as in the private home) and discusses the child with the day care staff. A physician assigned to the cretch and kindergarten comes to the day care center twice a month. This physician examines all children under 1 year of age every 3 months and all children over 1 year of age every 6 months. The results of these medical examinations are reported not only to the day care staff and parents but also to the family physician and the visiting health nurse. Every 6 months every child in the cretch and kindergarten receives a dental evaluation. Results are reported in the same manner as medical evaluations. When the child enters primary school, his records from the day care center are sent to the school.

Day care programs for the abnormal child, whether physically handicapped, retarded, or disturbed, bear much in common with programs for the normal child. Although the more severely affected children are accomodated in separate facilities, they enjoy the services of Child Nurses specially trained to work with children of their age and condition. In addition, the special staff, equipment and therapy necessary for his special problems

are included in the environment.

Children with only minor physical handicaps may receive day care at the same day care centers as normal children. Those with more severe handicaps which require physical and/or occupational therapy are sent to small community hospitals in their area for day care. Here, in addition to receiving the same type of supervision described for the normal child, they also receive the necessary therapy. The staff works closely with the family, counselling them on the physical home management of the child and on the social and emotional aspects of their child rearing.

The system for the care of the mentally retarded in Denmark is charactarized by an attempt to keep all but the most severely retarded in their own homes through the provision of supportive family services. Day care is an essential part of these supportive services. Such day care for the retarded child usually takes place at one of the residential centers for retarded (there are many smaller, decentralized centers throughout Denmark). The staff of the residential unit can thereby supplement the work of the day care child nurses by providing all necessary treatment services during the day. The staff of the unit works closely with the family, providing social and emotional guidance and other supportive services.

As in the case of retarded children, the general care of emotionally disturbed children in Denmark takes palce in units which provide for both residential and out-patient day time care. These facilities are often part of a large unit of care of the emotionally disturbed adult, but the facilities for the children are generally separated from those for adults. The staff for the care of the child includes child psychiatrists, psychologists, social workers, teachers, and physical and occupational therapists as well as the child nurses. These specialists work with both the residential and day care children. At these units the staff-child ratio usually approaches 1 to 1 when all the above professionals are included! As with the retarded, the family is offered a wide variety of supportive services in addition to the day care of their child. Only the most severely disturbed or destructive

children receive residential care, the strong emphasis being on outpatient treatment and day time care, with close working relationships with the child's family.

Having described the present system of group day care in Denmark, what do the Danes themselves feel are the problems with this system of care? They see as their overriding problem the rapid expansion of their day care programs to fulfill the unmet need. In the late 1950's Denmark first experienced a rapid growth of waiting lists for day care at all age levels together with an increasing public demand for more day care. This new demand was felt to be the result of changes in society and industry resulting in a rapid movement of mothers into the work force. Special government commissions were formed to study the problem. Recommendations from these commissions as well as from the National Institute for Social Research and other sources resulted in a change in the law in 1966 making it much easier to finance the building of new day care institutions. (see page 4) It was this change in the law, together with the public demand, which is felt to have been responsible for the rapid expansion outlined below.

What are the needs for expansion in the cretches? A 1969 study showed that, while there were 8200* children 0 to 3 years in cretches, there were 10,000 more on the waiting lists. It was predicted that between 1969 and 1974 200 new cretches with 7500 places were needed. This total of 15,000 places in cretches together with other approved infant day care arrangements such as family day care (see subsequent report) will fulfill the need by 1974. At the present time it appears that this goal will be met on schedule.

* For the reader interested in what percent of children in Denmark are in day care at various age levels, the number of children in Denmark at each age level (i.e. 1 year olds, etc.) is approximately 75,000. The total population of Denmark is approximately 5 million.

Group Day Care

What are the needs for expansion in the kindergartens? A 1963 study showed 32,000 existing places in kindergartens and a predicted need of 30,000 added places during the decade ending 1973. Before 1963 an average of 400 to 600 new places in kindergartens opened each year. Between 1963 and 1966 this increased to 1600 new places each year and after the change in the law in 1966 this jumped to 4500 new places each year, a 10 fold increase in just several years. By 1969 there were 50,500 children in kindergartens but now the waiting list was 53,000. New projections in 1969 suggested the need for 38,000 new places by 1974. It also appears, at the moment, that this goal will be met.

The needs for afterschool programs are more difficult to predict. In 1966 there were 10,500 children in afterschool care and a predicted need by 1973 for 7,500 more places. Although the rate of increase of new places was right on schedule the next three years, by 1969 the projected need had to be increased. In 1969 there were 14,000 places and 5,300 on the waiting list. It is now planned to have 23,000 places in afterschool care by 1974.

Empirical trial and error has led to the evolution of the day care system in Denmark. There has been little or no research on this system of care. Some Danes feel this is a problem while others feel that direct experience is sufficient. The authors feel it would be helpful to the Danes and others if research data were available with regard to the effects of present care programs on children, as well as on alternative programs and delivery systems which have been tried in the past.

How would the Danes like to improve their present system of group day care? A top level special national study commission, brought together by the Danish government, has just completed two years of investigation of this question. The commission included recognized experts in psychology, psychiatry, pediatrics, law, education and social welfare as well as several people who work in the day care system. A preliminary report (a final, official report will not be out for a number of months) was made available to the authors.

Group Day Care

This report included four main suggestions. The first, and most strongly worded, recommendation was for the development of "age-integrated" day care institutions. In such an institution the children would be formed into "primary" groups (sometimes called family groups) of up to 16 children of all ages from 3 months to 18 years. In such vertical age grouping each primary group would have its own "homeroom" (8 square meters per child) and own set of caretakers. At the same time they would share the rest of the facility with other such primary groups. The authors have visited a day care institution in Denmark where this has already been tried experimentally for over a year. The staff was enthusiastic with the results. The biggest problem was trying to work around a facility designed for horizontal age grouping. The commission clearly feels that age-integrated group day care is preferable and the report recommends changing the guidelines, inservice training programs, physical plants, etc. to facilitate conversion to this type of group day care.

A second recommendation of the commission is to increase parent participation in the planning of new day care institutions. The report suggested the need to fit the institutions more carefully into the surrounding mileau and stated that parents are best suited to help do this.

A third suggestion in the report is to increase the use of day care facilities by incorporating small 24 hour child care units into the day care institutions. Denmark already has a number of small separate units where children can receive temporary 24 hour a day care. These units serve children who are suddenly homeless or parentless due to some type of emergency. The authors have already seen such a unit incorporated as part of an already established day care center. This seemed an effective and efficient combination since the children in 24 hour care were part of the regular day care groups during the day, the day care kitchen facilities could serve all necessary meals for 24 hour care, and sleeping facilities could serve double duty.

A final recommendation of the Commission is to gradually phase out parental fees in day care institutions. It is suggested

as a first step that children of all ages should be charged the same fixed fee (this will make more sense in the age-integrated institutions). Next the public subsidy should cover 100% of wages with the parental fee only covering other operating expenses. As a third step, then, parental fees would be discontinued in Danish day care. Since this report will be reviewed by appropriate governmental agencies before final approval and publication, it is not yet known whether this or any other of the recommendations will be changed.

What principles emerge from the Danish experience in day care which are relevant to the U.S.? :

1) Perhaps the most important lesson is that it has been shown to be possible to set up a national system for day care services which insures a minimal standard of care for each child in the system. Important elements in this system include: nationwide standard setting with legal binding; local surveillance by a lay child advocacy group which has control of the purse strings; and the use of private, non-profit, local initiative in the operation of the institutions.

2) Possibly equally important is the clearly demonstrated inextricable relationship between cost and quality in delivering day care services. There are, for example, no monetary short cuts to quality staff-child ratios for younger children. Profit has no place (and is carefully avoided) in group day care in Denmark. They have chosen not to compromise quality for the sake of quantity and to expand only as fast as new funds permit.

3) Denmark has demonstrated in the last decade that rapid but planned, orderly growth of a day care system is possible. The keys to such growth appear to be public demand combined with heavy public subsidy. Public funds are distributed only after quality control is insured.

4) Another principle to appear is the ability to integrate health, education and other social services into a day care system. Denmark has integrated not only a school health type of preventive

medical and dental service into day care but has also integrated home health visiting into day care. The ability to effectively combine a structured preschool education program with full day child care using the same peer group and the same facility but a different staff is a most valuable lesson.

5) The need for new professions of child caretakers, not now found in the U.S., is a principle whose importance cannot be overstated. Denmark has had decades of experience in developing these new professionals and a series of professional schools to train child day care nurses are placed all over Denmark. Details of this training will be part of a subsequent report.

6) The many advantages of placing group day care centers in the child's neighborhood rather than to locate it industrially or centrally is the result of many years of experimenting with all three possibilities.

7) A neighborhood clearing house for day care, where services can be coordinated, families screened and children placed according to need is a new idea emerging from the Danish experience. As long as there are not enough places for all who wish them, priorities according to need (social, physical and emotional) is an important concept in the system, and can be best managed in such a neighborhood center.

8) Denmark has demonstrated the important part which day care plays in the supportive services offered to abnormal (mentally retarded, emotionally disturbed, physically handicapped) children and their families. Through such day care, far more children can remain in their own homes while receiving all necessary care.

9) For historical reasons Denmark has had years of experience in providing day care to different age groups either in separate facilities or to all age groups in one facility. The many advantages to the latter arrangement have been reviewed. The U.S. might watch closely the present, ongoing "experiment" in age-integrated day care with verticle grouping in Denmark's living laboratory of child care.

10) The clever way in which day care facilities are used maximally by bringing senior citizens into afterschool areas during school hours and by having children needing 24 hour a day care there at night is an idea worthy of duplication.

11) The extraordinary value of the empirical trial and error approach to developing a day care system should be apparent to the reader at this point. As indicated earlier, we feel Denmark could profit from controlled studies of various elements in their system but, on the other hand, the U.S. could, it seems, profit enormously from the "field trial" approach used so successfully for so long in Denmark.

12) A final principle clearly demonstrated is that Denmark's system of day care is an important source of strength to the family. In Denmark there is a firm belief in the family unit as the keystone of child life and a belief, based on experience, that quality day care can strengthen this family unit through regular, frequent contacts between day care workers and parents, through parent education programs which eminate from the day care program and, in special circumstances, through giving assistance to families whose functioning is below a desirable level or in jeopardy of becoming so. Such day care assists the families both by relieving them from the total care of their young and through the use of day care as a mechanism for bringing outside assistance to the stressed family.